

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request to Amend state of  
Authority

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 264 -

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lewis SafeCar Transportation LLC

Telephone:

803 319-3396

Address: 56 Sweetthorne Circle

Fax:

Irene, SC 29063

Other:

Email:

JohnLew @ Ad .Com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☒ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

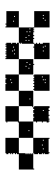
☐ Other:

RECEIVED

SEP 15 2010

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



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225954

CLASS C AMENDMENT FORM

<b>File the original with:</b>  Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	<b>Mail or fax a copy to:</b>  S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 9/15/10

2010-264-T

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☒ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: \_\_\_\_\_ DBA: \_\_\_\_\_  
(Current Name) (Current DBA if applicable)

TO: \_\_\_\_\_ DBA: \_\_\_\_\_  
(New Name) (New DBA if applicable)

☒ **Scope of Authority**

From: Newberry Richland & Lexington To: Statewide  
(Current Scope) (New Scope)

☐ **Passenger Limit**

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Limit Number) (New Limit Number)

Lewis SafeCare Transportation, LLC  
Name & DBA if DBA is applicable)

Same  
(Street and/or Mailing Address)

56 Sweetthorne Circle, Irmo SC 29063  
(City, State, Zip Code)

[Signature]  
(Signature)

803- 319- 3396  
(Telephone Number)

[Signature]  
(Title) Owner, President, etc.